

STATE INCENTIVE GRANT REIMBURSEMENT FORM

Grant Number: _____

Community Coalition	Complete Mailing Address	Complete Mailing Address
Title of Project	Project Director	Telephone Number
Quarterly Due Date	CSB- Fiscal Agent	Tax I.D. Number

GRANT EXPENSES	Total Amount Awarded	This Period Expenditures	Total Spent to Date	Total Funds Remaining
<i>PERSONAL COSTS</i>				
Salary	_____	_____	_____	_____
Fringe Benefits	_____	_____	_____	_____
Total Personal Costs	_____	_____	_____	_____
<i>CONTRACTED SERVICES</i>				
Total Consultants	_____	_____	_____	_____
Total Services	_____	_____	_____	_____
Total Other Costs	_____	_____	_____	_____
Total Contracted Services	_____	_____	_____	_____
<i>TRAVEL EXPENSES</i>				
Total Mileage	_____	_____	_____	_____
Total Lodging	_____	_____	_____	_____
Total Meals	_____	_____	_____	_____
Total Other Travel Expenses	_____	_____	_____	_____
Total Travel Expenses	_____	_____	_____	_____
<i>OTHER EXPENSES (SPECIFY)</i>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Other Expenses	_____	_____	_____	_____
TOTAL GRANT EXPENSES	_____	_____	_____	_____

SIGNATURE OF CERTIFYING FISCAL OFFICER: _____

Return Original and Two Copies to the
Governor’s Office for Substance Abuse Prevention/SIG
202 North Ninth Street, Sixth Floor, Richmond, Virginia 23219